



THE STATE BAR OF CALIFORNIA
OFFICE OF CERTIFICATION
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2132 · specialmasters@calbar.ca.gov

FOR OFFICIAL USE ONLY

**Special Master Program
Summary Search Form**

1) Special Master Information: _____

Name: _____ State Bar Member #: _____

2) Search Information: _____

Court: _____

Judge: _____

Date Assigned: _____ Date of Search: _____

Type of Location Searched:.

☐ Law Office ☐ Physician's Office ☐ Psychotherapist or other mental health Professional ☐ Clergy
☐ Other _____

Judge/Officer to Whom Privileged Materials Delivered: _____ Date Material Delivered: _____

County Where Search Performed: _____

Date:

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(M M D D Y Y)

Signature

Note: Penal Code Section 1537 requires that you keep a copy of the search inventory for your records.
DO NOT send the inventory sheet to the State Bar of California

3) _____

Is there is any way in which the State Bar can improve the Special Master Program to assist you in the future as you carry out your duties as a special master?

4) Submission: _____

Fax this form to: (415) 538-2211

Or Mail to:

The State Bar of California
Office of Certification
180 Howard Street
San Francisco, CA 94105-1639